**PATENT** 

## ES PATENT AND TRADEMARK OFFICE IN THE UNITE

Applicant:

James G. Skakoon et al.

Examiner:

Kathryn Odland

Serial No.:

09/828,451

Group Art Unit:

723.031US1

3743

Filed:

April 06, 2001

Docket:

Allowed:

June 4, 2004

Confirmation No.: 6905

RCE Filed: Herewith

Title:

DEEP ORGAN ACCESS DEVICE AND METHOD

## INFORMATION DISCLOSURE STATEMENT

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 et. seq., the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicants request that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

Pursuant to 37 C.F.R. §1.97(b), it is believed that no fee or statement is required with the Information Disclosure Statement. However, any fee deemed to be due may be charged to Deposit Account No. 19-0743 in order to have this Information Disclosure Statement considered. Filing Date: April 06, 2001

Title: DEEP ORGAN ACCESS DEVICE AND METHOD

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The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,

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CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this day of September, 2004.

Name CANDIS BUENDING

Signature

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for the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Substitute for form 1449A/PTO Complete if Known INFORMATION DISCLOSURE 09/828,451 **Application Number** STATEMENT BY APPLICANT (Use as many sheets as negressing) April 6, 2001 Filing Date Skakoon, James **First Named Inventor** 3743 **Group Art Unit Examiner Name** Odland, Kathryn Attorney Docket No: 723.031US1 Sheet 1 of 1

US PATENT DOCUMENTS								
Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	Filing Date If Appropriate		
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FOREIGN PATENT DOCUMENTS											
Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	T <sup>2</sup>					
	WO-96/33766	10/31/1996	Baudino, M. D.	A61 M	35/02						

OTHER DOCUMENTS NON PATENT LITERATURE DOCUMENTS						
Examiner Initials*	Cite No <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²			